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HUDSON ON FEVER. 16 PAGES

MEDICAL NEWS.

CLINICS.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F. R. S. (delivered at St. Bartholomew's Hospital).

LECT. I. Part II.—The foregoing, so far as I have been able to learn them, are the various risks of patients with admitted morbid constitutions. The importance of being able to decide the questions arising in such cases must be evident to you. And questions of equal importance, and yet of greater difficulty, arise in the cases of many who may not be called diseased, but who certainly are not in any just sense of the word healthy, such as the plethoric, the over-fat, the intemperate, the over-fed, the feeble, the degenerate, the cold-blooded. What can be safely said about these, and of the dangers they severally incur when we wound them? I will try to tell what I believe.

Plethora, pure and simple, is not a bad condition for operations. So far as I have seen, people that have been full-blooded, ruddy, warm, round-limbed, tight-skinned, with strong hearts, and, as we suppose, a rather excess of blood, have done well. But such people must be carefully managed; not fed too well; not kept too long in bed; not allowed to retain their refuse; and mere bigness must not be taken for plethora.

For the over-fat are certainly a bad class, especially when their fatness is not hereditary, but may be referred in any degree to their over-eating, soaking, indolence, and defective excretions. The worst of this class are such as have soft, loose, flabby, and yellow fat; and I think you may know them by their bellies being pendulous and more

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prominent than even their thick, subcutaneous fat accounts for; for this shape tells of thick omental fat; and, I suppose, of defective portal circulation. I know no operations in which I more nearly despair of doing good than in those for umbilical hernia or for compound fractures in people that are over-fat after this fashion. Nothing short of the clearest evidence of necessity or of great probable good should lead you to advise cutting operations in people of this kind. Do lithotrity for them rather than lithotomy; incline against amputations for even bad compound fractures; and, wherever you can—as, for instance, for cutaneous cysts, hæmorrhoids, and the smaller examples of scirrhous mammary cancers—use caustics rather than the knife or ligature.

All the these warnings must be doubled for the intemperate. One does, indeed, sometimes meet with habitual drunkards who pass safely through the perils of great operations; but these are rare exceptions to the rule, according to which one may reckon that the risks of all operations increase with the increasing degrees of habitual intemperance. I think you will find that a habit of slight intemperance is much worse than occasional great excesses; that regular soaking is worse than irregular carousing: probably because of the steady impairment of the blood and of all the textures to which the soaking leads. Of course you will keep your hands off notorious drunkards, unless you are driven by the stress of a strangulated hernia, or a stopped windpipe, or something leaving you as little choice as these do. But you must be on your guard to detect a good deal of drunkenness of the soaking kind which is not notorious and not confessed. Be rather afraid of operating on those, of whatever class, who think they need stimulants before they work; who cannot dine till after wine or bitters; who always have sherry on the sideboard; or are always sipping brandy-and-water; or are rather proud that, because they can eat so little, they must often take some wine. Many people who pass for highly respectable, and who mean no harm, are thus daily damaging their health, and making themselves unfit to bear any of the storms of life.

On all such as these, operations are more than doubly hazardous. Of course you may hear of wondrous escapes from dangers, and, on the credit of a few exceptions, silly proverbs are made about the impunity of drunkards; but the general rule is certain. Every risk of an operation is increased in the habitually intemperate; they are, above the average, liable to every one of all the sources of danger and of death.

I have had no sufficient experience among teetotalers to enable me to speak with any certainty of their capacity for bearing operations. I cannot doubt that a patient trained, all his life, to habits of rigid temperance would bear injuries of all kinds better than the average of men; but people of this sort are not commonly those with whom you have to do under the name of teetotalers. These are, much more commonly, such as have been intemperate, or, to say the least, imprudent, in their manner of living, and have then wholly changed their habits, and lived without any stimulants whatever. Of such people I have no good opinion when they come to be the subjects of surgery; for they seem to retain the bad liabilities of the intemperate long after they have given up their bad habits. I would not adopt the opinion that I have heard some express, that teetotalers are worse patients than drunkards; but I should always expect that a very long period of reformation would be required to free a man from the damages he has sustained by intemperance.

Over-eating is not commonly supposed to lead to any such risks of life as over-drinking does; yet I believe that you will find, in operative surgery, that among the habits that increase the risks of life, this may stand not far off drunkenness, especially if the over-eating is of meat and other nitrogenous foods. I am led to believe this from several cases that I have observed, and I think that there are large evidences of it. You know that the general results of operations in provincial hospitals tell of a smaller mortality than in the hospitals of London and the largest towns. The difference is commonly ascribed to differences in the purity of the air, and other advantages of that kind in the comparatively rural districts. I believe that much more of it is due to the differences of habits in the several classes of patients. The differences are many; but one of the chief of them is that the poor in the agricultural districts eat far less meat than those in large towns do, and are, by comparison, less fed, though probably not worse fed; and you may frequently

observe that patients who come to us from agricultural districts bear operations in all respects better than Londoners who are submitted to the same proceedings. Of course many things concur to make the differences of constitution between a town and a country population; but I am satisfied that among these things a very potent influence is exercised by the difference of diet. And the differences that we may thus see are strongly illustrated by what one hears of the results of operations upon the natives of India and other Eastern countries, whose diet is almost exclusively vegetable. Almost any amount of injury may be inflicted on them, and not be followed by the destructive mischiefs which occur in Europeans under the same circumstances. They are defective, it is said, in healing power; but they recover with comparative certainty, however slowly, from operations of the greatest magnitude. A common expression about them is, "You can't kill them."

There are many patients to whom you cannot assign a morbid constitution, but who are feeble in all their processes. No organ, it may be, works wrongly: but no organ works with due power. Many children are in this condition, and some adults, whose condition has been admirably portrayed by Dr. Chambers in his book on Italy. They are not always bad subjects for operation. Repair will probably take place in them as feebly as any other vital process; but I believe they are not particularly liable to the diseases after operations from which the greatest risks arise. Children of this class you should be cautious of operating upon for hare-lip or other such defects as do not urgently require interference; and in adults, if you can defer operations to some period of better health, you should do so; but all this for fear of local failure rather than of incurring any unusual risk of life. For in the management of these, as of all cases, you will find that the chief vital risks of operations are not through mere defects of power, but through diseases. The measure of danger is not in the proportion between more or less of vital force, and more or less of exhaustion, but in the amount of liability to real diseases of the blood and tissues.

You often hear me speak of patients as "cold-blooded." I do not know that the whole of their blood is less warm than that of ordinary persons, but some of it is, for their hands and feet are seldom or never naturally warm; and some of them feel, when you touch them, as cold as reptiles in the same climate—their hands and feet feel as moist and damp as toads and frogs. The circulation in all these cold parts is of course very slow, and probably it has not a due velocity in any of their textures; for, wherever you can see vascular parts in them, they are of duller tint than they should be, dusky, and with a purple hue rather than a rosy one; and with these signs you find small pulses, and general indications of slowness in all vital processes. They digest slowly, and are very prone to constipation; and the women amongst them menstruate disorderly, and are liable to headaches and backaches, and a variety of nervous symptoms. People of this kind are so numerous that you will do well to look out for them among your cases, and to treat them specially with iron, with particular regard to this cold-bloodedness and slowness of life. They are not bad subjects for operations: rather, I should reckon them amongst the good ones; for they have always seemed to me singularly little liable to fall into the troubles of erysipelas, or pyæmia, or any other disorders of the blood; and the healing of their wounds is not apt to be interrupted. Observe their defects; minister to them with warmth and good food, but not high stimulants or great eating, and they will do as well as any you will have.

And, to finish this account of the influence of diseased, or disorderly, constitutions on the results of operations, let me tell you of the people that are commonly called "nervous." I do not refer to those with manifest disease in any part of their nervous system, but to those that are exceedingly sensitive, mobile, and excitable, whether in their sensitive or motor organs—who are very emotional, and with their whole cerebro-spinal nervous system altogether too alert. You will find them and their friends always apprehensive of the results of operations: they will tell you that they are so nervous they can bear no shock; and they look with the greatest apprehension upon the infliction of any injury. All this is fallacious. You may be surprised at observing how very little influence upon their organic processes this excessive vivacity of their cerebro-spinal system exercises. Time after time I have found patients who have complained of agonies in their wounds, and

I do not doubt have felt them, but whose pulses have been unmoved. They have had enormous pain, but no fever, no single sign of disturbance of their general nutrition; they have had spasmodic movements of their limbs, tremblings, and rigors, but no mischief has followed. Besides, the same mobility of mind which makes these patients very fearful before an operation makes them hopeful directly after it; and amongst all the people that can in any sense be called invalids, I know none who more generally pass through the consequences of operations with impunity than do those who are commonly called nervous, and whose nervousness consists, if I may use the expression, in too great a vivacity of their whole cerebro-spinal system.

Sometimes you may be forced to operate during the continuance of an acute disease; and although the circumstances of the case may give you little choice as to whether you should operate or not, it is well to be aware of the degree in which the acute disease may influence the result of your proceedings.

Patients with ague bear operations as well as others of the same class; but, in the course of their recovery, they may alarm you by having one or more ague-fits, exactly resembling those that precede pyæmia. And more than this: if a patient has ever had ague, and, even many years afterwards, you perform an operation on him, ague may seem to be renewed in him at some short time after the shock, or loss of blood, or whatever other damage he may have sustained. I have so often noticed this that, whenever I hear of severe rigors following on any operation, I ask for a previous history of ague; and I have sometimes found that the patient has almost forgotten it in the long lapse of time since he suffered from it.

The question of amputation often arises when the patient is suffering with erysipelas, or with that spreading inflammation of the cellular tissue which is closely akin to erysipelas. I have often said to you that I look upon a secondary amputation as a confession of either a mistake or a disappointment. Either a primary amputation ought to have been done, and by mistake it was left undone; or if for any apparently sufficient reason it was not done, the necessity of doing the secondary amputation implies the disappointment of just hopes. I have spoken with this disparagement of secondary amputations because the necessity for them is so likely to come when the probability of success is reduced by the operation being performed while the patient is in acute disease. I cannot tell you the numerical increase of risk; but I believe that the mortality after amputations during erysipelas, or spreading cellular inflammation, would be found very much greater than that of primary amputations, or of secondary amputations done for merely wasting suppuration or irreparable local damage. I scarcely know any set of cases in which I have operated with less hope than in those of compound fracture, or similar injuries, in which the question is raised whether a patient, who seems dying with acute disease, may have what is called a chance of his life by amputation. In the large majority of such cases the chance by operation seems to me less than that of keeping the patient alive by the ordinary treatment of erysipelas, or whatever other acute disease he may be suffering with.

What are the chances of recovery from operations done during pyæmia? I think I can answer safely, that in acute pyæmia in which the patient has rigors once or more in a few days, and profuse sweatings, with very rapid pulse and breathing, and with delirium, and rapid wasting, or with dry tongue and yellowness of skin, or any considerable number of these symptoms, the probability of good is so small, and of harm so great, that you should refuse to operate. But in chronic pyæmia, when the disease requiring operation adds largely to the exhaustion from which the patient is suffering, the removal of the disease may be very proper. Suppose, for example, a patient with a crushed foot or a crushed hand, in whom signs of acute pyæmia have recently appeared. Whatever be the state of the injured part, I would not add the damage of an amputation to the burden that the patient already has to bear. But if the pyæmia have become chronic, attended with only wasting and sweating, and the formation of abscesses here and there, and if the injured part be manifestly useless, and a source of irritation or of exhaustion, the mere existence of pyæmia in the chronic form would not turn me from the operation required by the part.

The occasions for operating in any other than these acute diseases are not many, but

in diphtheria or croup you may have to perform tracheotomy, and during peritonitis a hernia may require operation. These are all cases of necessity, and their results are not materially affected by the general acuteness of the disease. If their local good is accomplished, the healing of the wound and the recovery of the patient may occur as in any ordinary case, unless, indeed (which I have never seen), a wound after tracheotomy should itself become diphtheritic.—*Lancet*, July 13, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Menorrhagia at the London Hospitals.—In the ordinary practice of everyday life there are few conditions which the medical attendant is more often consulted about than those of which menorrhagia is a symptom. Or rather, perhaps (and here lies a great source of fallacy), he is consulted about the menorrhagia so often that he is led in many instances to look upon this *symptom* as a specific disorder which will yield to specific remedies. And so, in that ardent yearning after knowledge which is so often seen for the first time in a newly-fledged medical man who has just ceased to be a student, the question will be frequently asked, "What is a good thing for menorrhagia?" as who should say, "How do you cure the headache?" In referring to the subject here we do not of course suppose that our readers are likely to fall into a similar error, but we have collected from some of the hospitals a few hints respecting the treatment of the different pathological conditions of which this symptom is so frequently an exponent, and these will probably be interesting as well as useful.

St. Bartholomew's Hospital.—Dr. GREENHALGH remarks that in the treatment of this symptom (menorrhagia)—due to such a variety of causes, among which may be enumerated fibroid and fibrous tumours of the uterus, non-pedunculated and pedunculated; subinvolution, congestion, altered conditions of its mucous lining, fibrinous clots and other abnormal contents, malpositions, spongoid tumours of the cervix, malignant diseases, &c., occurring under such variable and widely differing circumstances, and varying so much in duration and intensity, and in its effects in individual cases—considerable modifications must of necessity be and are pursued; still, for the sake of dispatch and facility in dispensing, a certain routine is observed in the out-patient female department which will sufficiently indicate the usual course of treatment adopted by him in this institution. By far the greater number of cases of menorrhagia are due to fibroid or fibrous outgrowths or ingrowths from the uterus, which are mostly treated by a pill composed of one-twelfth of a grain of bichloride of mercury combined with quinine and belladonna, to which is frequently added small quantities of the aqueous extract of aloes, taken night and morning for some weeks; a mixture composed of dilute sulphuric acid, tincture of Indian hemp, mucilage, liquid extract of ergot, syrup, and infusion of quassia, three or four times a day, being ordered just prior to and during the catamenial flow. Between the "periods" a draught of iodide or bromide of potass, with the liquid extract of ergot, sal volatile, and infusion of quassia, is given twice a day. If the loss of blood have been very great, or the patient be anæmic, the tincture of sesquichloride of iron with the liquid extract of ergot, chloric ether, syrup, and infusion of quassia, twice or thrice a day, with the pills, are prescribed. Where the patient is more or less plethoric, which is rarely the case, the sulphate of magnesia and digitalis, either with dilute sulphuric acid or salines, and scarifications or leechings of the cervix uteri, are found most serviceable. In cases of subinvolution of the uterus, attended with menorrhagia due to imperfect recovery from labour or miscarriage, hyperlactation, or other affections leading to constitutional debility, especially in the strumous habit, the syrup of the iodide of iron with or without ergot, and with the pill above referred to, are found very efficacious. A similar course is pursued, sometimes with, sometimes without, the pills, where the commencement of malignant disease is the exciting cause of this symptom.

In cases of Bright's disease and other affections interfering with the stasis of the blood, gallic or tannic acid, usually combined with henbane, prove valuable hæmostatics, some preparation of iron with arsenic being usually ordered between the "periods." Where polypi, portions of retained ovum, or fibrinous clots are detected, they are removed.

Dr. Greenhalgh particularly draws attention to the frequency of menorrhagia as the result of collections of fecal matter in the large intestines and rectum, and of hepatic derangements occasioning mechanical irritation and congestions of the hæmorrhoidal vessels and uterus. For calculi, in addition to the pills, he prescribes repeated doses of the compound decoction of aloes, with tincture of nux vomica.

In all cases he recommends quiet of mind and body; rest in the recumbent posture; nutritious and unstimulating diet; cold acid drinks; tepid or cold water vaginal injections; great moderation or total abstinence from sexual excitement.

He now and then has recourse to the following means: Matico-cotton plugs or pessaries; astringent vaginal injections; sponge tents; iodide of lead, and atropine pessaries; iodized cotton; Hodge's and other pessaries in cases of misplacements of the uturus, &c.

Dr. Greenhalgh adds that, *cæteris paribus*, menorrhagia is more prevalent among women of lax fibre, more especially if they have had many children or abortions in rapid succession; in those subject to acne, pruritus, or eczema, and about the climacteric; in those of intemperate habits of various kinds, &c. He considers it is by no means always easy to determine whether the case is one of menorrhagia or threatened abortion.

University College Hospital.—Cases of menorrhagia pure and simple, and apart from the presence of some physical alteration of the uturus, are, according to Dr. Graily Hewitt's experience, very rare; and he has little belief in the efficacy of specifics for the cure of this symptom. The condition of the uterus causing the undue loss must be treated, whether it be flexion, polypus, commencing carcinoma, &c., in order to procure satisfactory results. In all cases Dr. Hewitt attaches much importance to rest during the "period." Daily use of the vaginal douche of cold water is a valuable means of diminishing the congestion and restoring the lost tonicity of the uterus. The tincture of iron, in doses of from fifteen to twenty minims three times a day, combined with a few drops of glycerine, is very frequently given, and found efficacious, where the system is debilitated from repeated losses of blood. In many cases Dr. Hewitt administers a few doses of ergot in powder (half a drachm three times a day).

The point to which the greatest attention is directed is the procuring an exact diagnosis of the state of the uterus. Obstinate menorrhagia is often, Dr. Hewitt says, found to be due to some physical alteration of the uterus, overlooked and consequently not treated. Of the latter class of cases, retroflection of the uterus is a most marked instance.

Great Northern Hospital.—For the last few years Dr. Murray has treated cases of menorrhagia—not dependent upon growths, displacements, or other causes requiring special and manipulative interference—by the combined use of gallic and sulphuric acids principally, with as much rest as can be obtained. The disease has generally shown itself in one of the three following forms: 1. Where at each period there has been a more decided loss than natural. 2. Where, from excessive debility, a bloody discharge has continued from month to month. 3. Where, after childbearing, a large uterus, with a patulous os is continually pouring out blood, and every now and then doing so in gushes accompanied by clots. In all these degrees of this troublesome and weakening complaint, Dr. Murray is in the habit of prescribing from five to ten grains of gallic acid with from fifteen to twenty-five minims of dilute sulphuric acid, twice or thrice daily, for a period sometimes extending over two months. Occasionally he has found the use of mustard applied over the sacrum every other night, or even a blister on the same spot, useful as a help in the third form of this hemorrhage. He has also advised the application of cold water to the lower part of the spine in cases of continued discharge (not leucorrhœal) between the periods.

As a rule, the patients, after taking the acid mixture for a few days or a week, notice a decided change for the better. The discharge may then reappear almost as much as before, but it is only for a day or two; and the result after a moderate course of these acids has been for the most part beneficial, and in many cases quite satisfactory.

Dr. Murray has not found the use of iron at all satisfactory; but he has administered it with good effect in some cases after a continuance of the acid mixture, and all arrest of hemorrhage for some time. The

use of vaginal injections has not been recommended by Dr. Murray; but in many cases cold-water enemata have been extremely useful at those moments when the gushes of blood with clots take place, a gentle non-irritating purgative being also given.

Charing-Cross Hospital.—Dr. Parson finds that there are scarcely any two cases of menorrhagia that can be treated alike; that there is virtually *no* line of treatment applicable to all cases; and that success generally depends on the accuracy of the diagnosis of the *immediate* or remote causes. He does not consider menorrhagia to be a disease *per se*, but only a prominent symptom of one or more of the following states, which are exceedingly common:—

Menorrhagia is one of the symptoms of metritis; of a granular condition of the mucous membrane of the cervix uteri; of polypi of the uterus; of mucous polypi of the cervix uteri; of fibroid tumours of the uterus; and of cancers of the uterus, &c.;—local conditions, some of which are benefited by local treatment, others not so.

Menorrhagia is frequently a symptom of some diseases remote from the generative system; and these, being *un*attended by any local lesions in the uterus or its appendages, are not usually benefited by any local treatment—such as the menorrhagia of general debility after suckling, or the menorrhagia resulting from congestion of the portal system, or in cases of congestion of the whole venous system in consequence of mitral or aortic obstruction; or of emphysema and chronic bronchitis inducing a similarly distended state of the veins, or as a consequence of kidney-disease and albuminuria, and in some cases of scorbutic nature. In these the treatment is *general*, and *not local*.

Rest, as much as possible, is recommended in *all* cases of menorrhagia; and the avoidance of household duties, at least for a few days, during the severity of the symptoms.

The astringent mixture in general use amongst the out-patients consists of tannic acid (from five to ten grains), dilute sulphuric acid (from twenty to thirty minims), and the liquid extract of ergot of the British Pharmacopœia (from five to ten minims) every four or five hours for the first few days. If there be much pain attending the menorrhagia, Dr. Parson usually orders from five to ten minims of the tincture of Indian hemp to each dose. Dr. Parson has never seen any ill result following the use of the Indian hemp, but he has generally employed it in the former combination, or with other astringents.

As a general rule, all the preparations of iron are avoided in menorrhagia, even though there be anæmia and pallor, since iron invariably increases the vascularity of the pelvic organs; and he employs the preparations of iron only when two or three menstrual periods have been passed normally.

Aloes also is avoided, in most of its preparations, in *all* cases of menorrhagia, since it is apt to increase the irritability and vascularity of the pelvic viscera.

Menorrhagia, associated with metritis is treated by astringents for the first few days. The bowels are regulated by a saline aperient—the bitartrate of potash in drachm doses, with quinine in half to one grain doses, taken every morning. After the period has ceased the usual treatment of metritis is employed.

Menorrhagia associated with a granular state of the mucous membrane of the cervix uteri is treated by astringents and tonics generally. A local astringent consisting of the solution of chloride of zinc (Burnett's), from twenty to thirty minims to every pint of water, is also used by the patient two or three times a day as a douche. Dr. Parson finds that a stronger astringent than this lor local application is seldom, if ever, required in these cases.

The cases of menorrhagia associated with polypi are not treated with any benefit as out-patients, but are admitted as in-patients of the hospital.

Cases of menorrhagia resulting from the presence of fibroid tumours of the uterus are treated usually as in-patients also.

Menorrhagia arising from cancer of the uterus usually resists all treatment. From twenty to thirty minims of solution of chloride of zinc to a pint of water often is more useful than any other douche in diminishing the fetor, and to some extent the amount of the discharges.

In the following cases of menorrhagia, where there are no local lesions of the generative organs, a brief summary of the treatment is as follows:—

From debility, it is treated by astringents during the period; after the period has

ceased tonics are employed, excluding iron and aloes until the tendency to excessive menstruation has ceased, then the preparation of iron with nux vomica or strychnine become valuable.

When depending on congestion of the portal system, it is relieved by a daily aperient of bitartrate of potash with quinia, and with or without five to ten grains of jalap in each dose, taken every morning, and avoidance of alcoholic stimulants.

Associated with mitral or aortic obstruction, menorrhagia is most difficult to relieve, and is treated on general principles—of diminishing the congestion of the pelvic organs as much as possible, and giving tone to the distended capillaries and veins.

Menorrhagia with emphysema or chronic bronchitis is also exceedingly difficult to relieve, and when relieved for a time, often returns.

Resulting from kidney-disease and albuminuria, it is treated by warm clothing; aperients daily of compound jalap powder with quinine, given in the mornings, and the sesquichloride of iron with nux vomica two or three times a day, generally with marked improvement.

When associated with spongy gums and a scorbutic state, it is treated by the citrate and chlorate of potash; the patient being directed to avoid all salted meat; to take the juice of half a lemon every day; occasionally tannic acid is given in addition.—*Lancet*, May 13, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pennsylvania Hospital.—It appears from the recent Report of the Board of Managers of this old, well-conducted, and very useful institution, that the number of patients treated during the year in the Pine Street House was 1944, of which number 703 were in the medical, and 1241 in the surgical wards. Of the latter 733 were cases of accidental injuries. In the insane department at Blockley 526 were under treatment.

We are glad to learn from the report that the appeal made last year for subscriptions to the funds of the Pine Street Hospital has been liberally responded to, and we trust that additional contributions will continue to be made until this valuable charity shall be no longer restricted in its efforts to afford relief to the needy sick and those injured by accidents.

—

Hospital Reports.—It is announced that a volume of reports is to be issued next year by the Medical and Surgical Staff of the Pennsylvania Hospital.

It is also stated that an annual volume of reports of interesting cures occurring in Bellevue Hospital is to be issued by the Medical and Surgical Staff of that hospital.

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College of Physicians and Surgeons of New York.—Dr. F. J. Bumstead has resigned the Lectureship of Materia Medica in this school, and accepted the appointment of Professor of Venereal Diseases. Dr. James McLane has been appointed to fill the vacancy caused by the resignation of Dr. Bumstead.

—

A Medico-Legal Society has been instituted in New York, composed of members of the medical and legal professions, and its object is the discussion of all matters pertaining to forensic medicine. Such a society must be productive of much good in various ways, and we wish a similar association were formed in this and other cities.

—

University of South Carolina (Columbia).—A Medical Department has been organized in this University. The faculty consists of John T. Darby, M. D., Professor of Anatomy and Surgery; A. N. Talley, M. D., Professor of Principles and Practice of Medicine and Obstetrics; Joseph Le Conte, M. D., Professor of Chemistry and Pharmacy; M. LaBorde, M. D., Professor of Physiology and Hygiene; John Le Conte, M. D., Professor of Materia Medica and Medical Jurisprudence. The medical course commences on the first Monday in October, and continues for nine months.

—

Medical Society of West Virginia.—This Society will hold its first semi-annual session at Wheeling on the 2d of the present month (October).

—

Yellow Fever.—This disease is prevailing to a fearful extent along our gulf coast. At Galveston its type is most malignant, and many valuable lives have fallen victims to it; among others General Griffin, the commander of the fifth military district.

At New Orleans, Corpus Christi, Indianola, Dry Tortugas, Lavacca, Lagrange, and Victoria it is also epidemic. The deaths from the disease in New Orleans on the 23d of September, are reported to have been 82, and the total mortality from the commencement of the epidemic to the morning of Sept. 21st was 1214.

Jamaica is suffering severely from the disease, and the naval service has lost from it Drs. Duir and Richardson. It prevails not only at Kingston and Port Royal and among the shipping in the harbor, but has become epidemic on the hill station at Newcastle, where eighteen deaths have occurred; and the towns on the north side of the central ridge have begun to suffer.

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Remarkable Rain Fall.—During August rain fell in Philadelphia on twenty days, and the entire rain fall amounted to 6.84 inches, while in 1866 the amount of rain during the same month was only 2.56 inches, and the average of seventeen years was 4.52 inches. During the summer of 1867 the rain fall was 30 82 inches; in that of 1866, 8.47 inches; and the average of sixteen years 12.86 inches.

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Weather (Meteorological) Chart.—Dr. Wm. F. Thoms, Physician to the New York Dispensary, &c., has prepared a very interesting chart showing the effects of the meteorological influences on mortality in the city of New York during the year 1866.

His object in the preparation of this diagram is to endeavour to systematize our studies in this direction, and to show the relationship between the weather and public health.

This diagram is divided into months and weeks; horizontal lines are used as a scale for temperature, barometer humidity, and mortality, and waved lines to show the variation in the weather each week in the year, and its influence on health as represented by the mortality.

The chart is divided into columns, each one representing a week, and containing besides the waved lines and stars the figures representing the highest, lowest, and mean height of barometer, highest and lowest mean height of thermometer, mean humidity, inches of rain, days of easterly and westerly winds, days of clear and cloudy weather, and the effects of these meteorological influences on the mortality from all causes, mortality from all diarrhœal diseases, cholera, pneumonia, and typhus and typhoid fevers.

The following example will illustrate the plan which has been adopted in the preparation of this diagram:—

In the week ending July 21st, which is the 29th week in the year, the weather was

Mean temperature thermometer, .	83°
Highest range of temperature, . .	102°
Lowest " " " . .	60°
Mean weight of atmosphere, barometer, ...	29.96
Highest range of barometer, . .	30.10
Lowest " " " . .	29.87
Mean humidity (saturation 100), .	48.00
Inches of rain, ...	1.40
Days of easterly wind, ...	4
" westerly "	3
" clear weather, ...	4
" cloudy weather, ...	3

The influence on the public health, as shown by the mortality, was

Total mortality from all causes, .	1362
Mortality from all diarrhœal diseases,	442
Cholera, ...	48
Pneumonia, ...	18
Typhus and typhoid fevers, . . .	16

This diagram also furnishes a plan for the systematic arrangement of observations on the weather, so that they can be compared with each other, each year, month or week, thus making the science of meteorology practical.

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The Physician's Visiting List for 1868.—Messrs. Lindsay & Blakiston have just issued this well-known aid to practitioners. It is, in our opinion, the simplest and most convenient of the publications of its kind, and certainly we have not seen one which we would be willing to use as a substitute for it.

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Medical Institute.—Robert Bolling, M.D., James H. Hutchinson, M. D, and Lenox Hodge, M. D.

We take pleasure in calling attention to this School for medical instruction. The course of *winter examinations*, which will begin with the lectures at the University of Pennsylvania, and will continue until the close of the session.

Office students are received for the whole or part of a three years' course of study; and they will be admitted to the summer School and to the winter examinations. Cli-

nical instruction will also be provided for them at the Pennsylvania, Philadelphia Episcopal, and Children's Hospitals. Special instruction will be given in Microscopy, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, and Pathology. Students will be enabled to examine patients with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

Class rooms contain a cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc. In them the students may study, practice bandaging, and conduct microscopical and chemical examination.

The Society of the Medical Institute meets once every month; essays are read, and medical subjects discussed by the members.

During the year, lectures will be delivered on Surgical Diseases of Women, Percussion and Auscultation, Microscope, Surgical Diseases and Injuries, and Urinary Deposits and Tests.

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Jefferson Medical College—Winter Examinations.—Drs. Dunglison, Duer, Maury, and Keen will commence their course of winter instruction, in connection with the lectures of the Jefferson Medical College, in October. Examinations will be held daily in their rooms, Chant Street. The course will be thoroughly illustrated by a cabinet of materia medica, models, plates, drawings, the microscope, &c. Instructor of medicine and chemistry, Dr. Richard J. Dunglison; obstetrics and practice, Dr. Edward L. Duer; Surgery, Dr. F. F. Maury; anatomy and materia medica, Dr. W. W. Keen.

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Philadelphia School of Anatomy, Chant Street (Tenth Street, near Chestnut).—Dr. Wm. W. Keen will commence his winter course at the school on Tuesday, October 15th, 1867, and will continue until the 1st of March, 1868. A systematic course of lectures on descriptive and surgical anatomy will be delivered on Mondays, Tuesdays, Thursdays, and Fridays at 7 P. M., illustrated by dissections, models, drawings, &c. The microscopic anatomy of the various tissues will be shown by the class microscope.

Dissections will be carried on under the direct and personal supervision of Dr. Keen and his assistant demonstrators of anatomy. The rooms will be open also during all the month of September, and be well supplied with material.

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Reception Supper to Prof. N. R. Smith.—The medical profession of Baltimore gave a supper to Prof. N. R. Smith, on Thursday evening, Sept. 19th, on the occasion of his return from a short visit to Europe. Dr. Richard McSherry, on behalf of the profession, tendered to the Professor a cordial welcome, in a very laudatory speech, to which Prof. Smith appropriately responded. Speeches were also made, after supper, by Prof. Gross, Dr. Miltenberger, Dr. Ninian Pinkney, and others. This evidence of the esteem in which Prof. Smith is held by his brethren in Baltimore must have been highly gratifying to him, and has been well earned by his eminent services.

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Obituary Record.—Died, in Boston, in August, 1867, in the 90th year of his age, James Jackson, M. D., long the acknowledged and revered head of the profession in New England. Dr. Jackson held for twenty-four years the professorship of the theory and practice of medicine in Harvard University, and, on the organization of the Massachusetts General Hospital, he was elected physician, which position he ably filled for upwards of twenty years. The qualities which distinguished this estimable physician were, to use the eloquent language of Dr. Jacob Bigelow, "habits of unsparing application, a power of rapid acquirement, and of ready adaptation of knowledge to use. To these were superadded the high moral attributes of an uncompromising love of truth, of justice to the claims of others, of a deep sense of the responsibilities of his profession, and a devotion amounting almost to parental love towards those who had become the objects of his professional care. Excelling his contemporaries in the extent of his professional erudition; vigilant in observing the yearly progress of his science, as it tended to good or to evil; studious and retentive of the peculiar features of each succeeding case that passed under his observation; cheerful, hopeful, courageous and buoyant in the presence of the sick—he received during his extended life, more than any man among us, the deference of his compeers, and the

ardent, grateful, and almost filial reliance of those who in sickness leaned on him for succor, or in danger looked to him for rescue."

FOREIGN INTELLIGENCE.

Fungous Origin of Cholera.—Prof. HALLIER, of Jena, claims to have discovered, in the forms of fungous growth of definite and special characters, the true contagium of cholera. The occurrence of torula-like cells in cholera, and indeed in many different diseases, is no novelty; the interest attaching to Hallier's statements consists in the fact that his cholera fungus is altogether special in origin, in nature, and in behaviour, whilst concomitant circumstances lend great probability to his main assertions.

Hallier's observations were made in 1866-7 at Berlin and Eberfeld on cholera vomit and stools. The peculiar vegetable elements in the stools consisted of fine filaments, which were found at the upper part of the fluid, and of cyst-like bodies which were highly refractive, of yellowish or brownish colour, and which sank to the bottom. The cyst-like bodies contain highly refracting coloured spores, which after a time become free by the rupture of the cell-wall. The spores then divide and subdivide, giving rise to collections or little heaps of small cells, and Hallier calls these "colonies" of micrococcus. The smallest cells attach themselves to particles of animal matter, and seem by their growth to lead to their destruction. From the same cells torula forms develop and finally pass into the oïdial stage. In cultivating the fungus in sugar Hallier obtained *mucor* and *penicillium*-like growths; on starch paste the result was much the same, and on muscular tissue the cyst form was more marked; the fungus grown on paste which had been boiled with tartrate of ammonia led to the formation of the cysts in their most perfect condition, and the counterpart of the *Urocystis occulta* which infests cereals was produced. This latter form (urocystis) Hallier has never been able to produce artificially from oïdial forms of fungus, but only from cholera stools. These facts have led Hallier to believe that this particular form is peculiar to cholera evacuations, and that it is the active agent in the evolution of the disease. From the fact that it requires a high temperature for its development, he believes moreover that the urocystis is not and cannot be acclimatized in Europe, but that it travels in the intestines of cholera patients from India, and finds in summer the necessary temperature for its increase. The fact that it requires the presence of nitrogenized matter for its growth is another interesting point in reference to the well-known influence of water and air poisoned by excrementitious matter in aiding the outbreak of cholera.

The urocystis is a form of blight common on rice; and Hallier believes that it finds its way to the human intestines from the diseased rice plant. This view of the matter derives interest from the view propounded by Dr. Tytler many years since—that the use of diseased "ergoted" rice induced cholera. Hallier has attempted to experimentalize on this point. He planted rice under conditions similar to those which obtain in India, and watered them with cholera stools. The rootlets of the plants were soon found to be perforated by fungous threads, and the cells of the intercellular spaces became rapidly invaded by "micrococcus" elements, whilst the tissues themselves began to atrophize; but the attempt to obtain the cyst form was unsuccessful. Still the stage anteceding its formation was distinctly reached. The field of experiment open is, in truth, a vast and promising one; and it is to be hoped that some thoroughly scientific work will be at once undertaken in this matter. We must admit, then, that in the intestinal contents in cholera has been found a special form of fungus analogous to that which produces "blight" in rice; and that probably the two may be related in regard to source.

Now, what influence has this urocystis, or could it have in the generation of cholera? Microscopic fungi prevail contemporaneously with epidemic disease. That we well know. The cholera urocystis seems clearly, in its growth, to have the power of disintegrating the intestinal epithelial tissues, and indeed all nitrogenized matters, which constitute its pabulum. Epithelial denudation is believed by many to be the starting point of cholera. But it has yet to be shown that the introduction of the urocystis into the intestines of a subject surrounded by the best hygiene would give rise to cholera. The results of modern research tend to show that for such a result

to take place—supposing the fungus to take any active part—the intestines ought to contain a state of the fluids different from health, and suited specially to the development of the urocystis. The growth of a fungus in any fluid alters the character of that fluid, and it may be that the generation of some subtle compound is favoured by the action of the "cholera fungus" upon fluid, and that this is the immediate cause of cholera, whilst the fungus itself may or may not have some additional effect locally on the tissues. —*Lancet*, Aug. 31, 1867.

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Cholera Conference at Weimar.—A Conference of sixty most eminent physicians was held at Weimar on the 28th and 29th of April last. At this meeting it was agreed that the especial points to be, for the future, investigated, and the particular subjects in regard to which facts should be collected, are :—

1. Investigations respecting the lower organisms in relation to cholera. 2. The influence of water, whether used for drinking, household, or other purposes, in propagating the disease. 3. The study of the soil and springs. 4. The searching after facts which may show whether cholera can be conveyed by contact, by articles of dress, &c. 5. The effects of the prevalence of diarrhœa. 6. On the spread of cholera by ships. 7. On the possible contamination by goods.

It may be added that Drs. Klob (Vienna) and Thomé (Cologne) have discovered in dejections and the intestinal mucus of patients who had died of cholera a peculiar fungus, which they minutely describe. Further researches are, of course, indispensable on this head.—*Lancet*, June 1, 1867.

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Cholera.—This disease is prevailing in Europe. Italy has suffered most, the epidemic prevailing from the southern coasts of Naples to Milan. At Palermo and Catania, the disease reached its highest intensity. The American Consul at the former place writes under date of August 30th, that as many as 500 cases daily had occurred in that city, but that at that date the ravages of the pestilence had decreased. The total number of victims in less than one year had been about ten thousand, or five per cent. of the whole population.

Albano, a town in the environs of Rome, with a population of about 5000, has suffered a mortality of 50 a day. Frascati has suffered nearly as much.

At Messina it broke out about the middle of August, and in three days there were upwards of 150 cases with nearly 100 deaths.

It is also said to have broken out at Aden on the Red Sea. It has also broken out at Venice and Pesth.

The disease is prevailing in Holland. At Rotterdam and the neighbouring towns and villages it has proved terribly fatal.

In England it has not appeared as an epidemic, though isolated cases have presented. A case was admitted into the London Hospital on the 27th of August, another on Sept. 1st, and a third Sept. 2d.

At Nicaragua the cholera has broken out with violence, depopulating whole villages on the north coast.

In the United States, with the exception of some cases which occurred on the line of the Pacific Railway east of the Rocky Mountains, it has not committed any extensive ravages or appeared as an epidemic.

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Trichiniasis.—This affection has again appeared at Haberstadt, and several of the inhabitants have suffered from it.

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Discovery of a New General Anæsthetic.—Dr. RICHARDSON takes with him to the meeting of the British Association for the advancement of science a new general anæsthetic. The fluid is a bichloride of methylene, its composition being on the new formula CH_2CL_2. The substance has an odour as sweet as that of chloroform, but it boils at 88° Fahr., whereas chloroform, the terchloride of methylene, requires a temperature of 142° for boiling. The bichloride of methylene rapidly and easily narcotizes animals to perfect anæsthesia. It causes scarcely any excitement, and recovery is most perfect. In action it seems to combine the properties of chloroform and of ether, but it is more readily administered than either, and its effects are more permanent. In a future number we shall give a more detailed account of all the facts regarding this substance. We notice it now as forming part of the report on the methyl series about to be presented by Dr. Richardson to the British Association, in continua-

tion of his former reports on the amyl and the ethyl compounds.—*Med. Times and Gaz.*, Sept. 7, 1867.

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Chlorine Disinfection.—A communication on "Disinfection by Euchlorine in Continuous and Regulated Flow," of a very practical character, was recently made to the Manchester Medical Society by Mr. Stone, the professor of chemistry at the Manchester School of Medicine. In 1866, Mr. Stone was called upon to advise the justices of the Hundred of Salford as to the best means to be taken with the view of preventing the spread of cattle plague, and he drew up a report recommending that a uniform and systematic process of disinfection by chlorine be undertaken by a portion of the police constabulary (119 men); and this was carried into effect, each officer being provided with a suitable kit, containing every requisite for the generation of the gas, and a dress enveloping their ordinary clothes. This arrangement operated very beneficially. The chlorine was generated by dropping a few grains of chlorate of potash from time to time into a wine-glass two-thirds full of muriatic acid. This was done twice a day in all shippens. The clothes of the persons employed in disinfecting were expeditiously chlorined in this way: a small bandbox was made, perforated with holes and lined with sponge; into this box pumice-stone wetted with strong hydrochloric acid was put, and then a pinch or two of powdered chlorate of potash added; this box, together with the clothes, were put into an oil-skin bag together for a while, and constituted, on a small scale, a "portable quarantine hospital."

Incited by the success of his chlorine system, Mr. Stone has attempted to adapt it to medical wants and requirements, and has made an apparatus which will continuously and with graduated flow supply chlorine in such a way as to be available for use in the sick chamber or the wards of an hospital. As a substitute for disinfection by chloride of lime, it is infinitely preferable for obvious reasons. Hitherto the physician has possessed no mechanism by which he could regulate the amount of chlorine generated, but Mr. Stone's arrangement is apparently free from this objection, and its utility should be tested by the profession.—*Lancet*, Aug. 31, 1867.

Oxidation of Alkaloids in Cortex.—Some very interesting experiments have recently been made by Dr. Davy on the changes which occur in vegetable substances when kept under different circumstances, and they would seem to show that by exposure to the oxidizing action of the air the alkaloids in the cortices of various trees may undergo considerable alteration in composition, and give rise to principles altogether different from those which exist in the freshly obtained bark. If this be so, it has an important bearing upon the question of therapeutics. There is *à priori* much reason to think that the results of Dr. Davy's experiments express a truth of wide applicability. Dr. Davy found that some twigs from branches of one of the poplars after a while acquired an odour exactly like that of the meadow-sweet (spiræa ulmaria), and he found that this change occurred not from accident but naturally, and that the odour was due to hydride of salicyl formed normally in the flower of the spiræa ulmaria. The poplar contains salicin and populin, and both these afford the hydride when oxidized; but Dr. Davy thinks it is from the populin that the hydride of salicin is obtained. In the change noticed grape-sugar is also produced. It is the bearing of the question on the all-important subject of the modification of the character of the contents of "barks" by keeping that possesses interest to the physician.—*Lancet*, Aug. 31, 1867.

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Cysticercus in the Brain.—Dr. John Harley brought forward an interesting case, in a pathological point of view, at the Medico-Chirurgical Society on Tuesday night, illustrating the development of the larval form of the common tapeworm in the substance of the brain, about sixty cases of which are on record; the affection is, therefore, a rare one. The subject of the present case was a healthy boy, fifteen years old. He died of acute rheumatismal pericarditis and encephalitis after a week's illness. Only a solitary larva was found in the body, and this was imbedded in the right corpus striatum and slightly projecting into the ventricle. The cyst was no larger than a pea, and contained within its interior the retracted head and neck of the parasite. The species was distinguished by the large size of the great curvature and the strong bases

of their hooklets, and by the development of dark violet pigment granules about the hook sacs. The boy had always enjoyed good health, and the only evidence of cerebral disorder was manifested during the last two months of his life. It consisted of frontal headache and an uncontrollable tendency to sleep—symptoms which were probably caused by the presence of the parasite. —*Lancet*, May 13, 1867.

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Meetings of Important Associations.—The *International Medical Congress* convened in Paris on the 16th of August and continued in session until the 26th.

The *British Medical Association* was held in Dublin on the 6th, 7th, 8th, and 9th of August.

The *British Association for the Advancement of Science* held its thirty-seventh annual meeting at Dundee on the 4th of September.

At each of these meetings important and interesting investigations and opinions were promulgated, which want of space prevents our noticing at present, but we shall endeavour in our next number to give an abstract of those most likely to instruct and interest our readers.

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Losses of the Prussian Army during the recent War.—The number of the *Journal of the Royal Statistical Office*, just published at Berlin, gives the first official report that has been issued of the losses of the Prussian army in the last war. The total number of the wounded was 669 officers and 15,508 men; of those who remained on the field, 178 officers and 2753 men; of those who died of their wounds, 64 officers and 1435 men; and of those who died of illnesses contracted during the campaign, 53 officers and 6734 men. The total loss amounts to 315 officers, 10,562 men, and 6490 horses. The number of officers wounded was relatively twice as great as that of the private soldiers.

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Sale of Medical Diplomas.—"At a recent meeting of the British Medical Association, Sir Dominic Corrigan made the following observation regarding the German and American licensing bodies, which we consider must be taken *cum grano salis*. He said: 'It is notorious, that both in Germany and in America, there are universities that sell their diplomas, just as they sell beer or Indian corn, to all who can afford to pay for them.' As regards our American Cousins, as they speak our language, and read our medical journals equally with ourselves, it is not necessary for us to do more than point out to them the above passage, and leave them to either acquiesce or refute the assertion of the learned baronet. At the same time, we must own that Sir Dominic Corrigan's assertion has taken us a good deal by surprise, for in no country is medical education better looked into, and no country can boast of more advanced teachers, or of a more high-classed medical literature. That there are quacks in America, we can believe equally well as we believe and know that such persons exist in our own country; but when it is stated that American Universities sell their diplomas to all that can pay for them, just as beer or corn is sold, it is, in our humble opinion, clap-trap, and merely one phase of medical monopoly, which does not understand that international medical free trade does not mean international quackery. It is considered lawful for English corporations to give degrees as honorary distinctions to registered practitioners of well-known standing and ability, with either a very modified examination, as in the case of registered practitioners seeking the license of the London Royal College of Physicians, or with none at all, as has lately been shown at the last meeting of the British Medical Association in Dublin, or as yearly happens when the fellows of the London Royal College of Physicians are elected. We do not see why British colleges, which take upon themselves to decorate members of the British profession, should have a monopoly in this matter, and seek to exclude foreign universities from granting their diplomas to qualified British practitioners. To do this is not wrong, but an international medical courtesy that we wish were more cosmopolitanly followed than it is at present. Thus much we have felt it our duty to remark upon the question of American degrees, while as regards German medical titles, we have extreme pleasure in stating, from a knowledge of German customs that Sir Dominic Corrigan would seem not to possess, that there is no university in Germany that will give to an unqualified man its degree. They all examine qualified medical men according to the number and extent of their diplomas,

and their status in the medical world. When Sir Dominic Corrigan can buy for his butler a German medical university degree as he would buy him a cask of 'Bairisches bier,' then, and not till then, will we accept his hasty statement, which speaks more of international discourtesy and insular ignorance, than of much acquaintance with the scientific condition of the German people."—*Medical Mirror*, Sept. 1867.

[We thank our English contemporary for his prompt and spontaneous defense of American universities against the hasty charge made against them by Sir Dominic Corrigan. It has been shown elsewhere (*Am. Journ. Med. Sci.*, Oct. 1867) that the accusation made specifically against one of our medical schools was wholly groundless, and we doubt not it is equally so as regards all other schools of legitimate medicine.

Dr. Wilbrand, Dean of the medical faculty of Giessen, emphatically denies the accusation against that school. The fact seems to be, that Sir Dominic has been egregiously hoaxed, and, in his eagerness to utter something astounding, has never stopped to inquire into the credibility of his informer. He has consequently been victimized, for which, under the circumstances, few will pity him.]

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The Empress Charlotte.—The treatment to which the unfortunate widow of Maximilian has been subjected by her medical attendants has been severely criticized, and we suspect justly so, in the English medical journals. The editor of the *Lancet*, August 24, 1867, remarks:—

"It is with much satisfaction that we hear that the unfortunate ex-Empress of Mexico has been placed under the care of that very able and distinguished physician, Dr. Bulkens. The accounts which from time to time have been published in the newspapers, and the private reports which have reached individuals, though fragmentary and incomplete, have conveyed enough information about the treatment to which the Empress was submitted at Miramar to arouse the greatest uneasiness in the minds of English alienist physicians. Solitude, silence, and gloom of every kind seemed to have been her surroundings; while there was too much reason to believe that an absolute system of Court etiquette was permitted to interfere with those vigorous measures which must be taken with the melancholic insane in order to insure their being properly supported with the sustaining nutriment that is indispensable for the reparation of the exhausted nervous system."

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Herbalism in England in 1867.—Next to bonesetters, *perhaps*, the most favoured class of offenders that comes before a British jury is that of the herbalist. There is a charm in the mere name which disarms law and tempers judgment. It is so potent that the herbalist may be unfaithful to his name, and use the most irritant, mineral substance in the most doubtful circumstances; and yet after a "brief" consultation, the jury will be apt to find him "not guilty," to the ill suppressed satisfaction of a sympathetic court. This is one of the ultimate facts of English law courts, illustrated by many previous cases, and lastly by the case of Isaac Chamberlain, the herbalist, of Hertford, who, at the late assizes there, was "charged with the manslaughter of Mary Anne Parish, by administering to her an ointment containing arsenic." It is always a hopeless thing to quarrel with ultimate facts: and we have no intention of doing so in this case. It is not for the medical profession to complain if English law and English feeling authorize the bonesetter and the herbalist to take medical and surgical liberties with the human frame. This is the business of the public.—*Lancet*, July 27, 1867.

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Obituary Record.— Died, in Paris, on the 24th of August, after a very short illness, in the 73d year of his age, Armand L. M. A. Velpeau, one of the most eminent surgeons of the day, and a voluminous writer. He was professor of clinical medicine in the Paris faculty, member of the Academy of Medicine and of the Academy of Science, commander of the Legion of Honor, etc. etc.

—— At Hampton-Court, near London, August 25th, Michael Faraday, F.R.S., one of the most eminent philosophers and chemists of Great Britain, in the 75th year of his age.

—— Suddenly, in London, from rupture of an aneurism of the basilar artery, aged 35 years, P. Victor Bazire, M. D., assistant physician to the National Hospital for the Paralyzed and Epileptic, and translator of Trousseau's Clinical Lectures.

—— Sept. 8th, of apoplexy, aged 74 years, John Propert, founder and treasurer of the Medical Benevolent College.

FLINT'S PRACTICE—Second Edition—Recently Issued.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE;

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We are not sure that the Americans are not far excelling us in this class of literature. They have a way of doing things thoroughly, which is seldom equalled, and, perhaps, never surpassed. So exhaustive was the first edition of Dr. Flint's treatise, that we could scarcely have expected as much revision in a new issue called for so soon. We look upon the whole, now we have gone through it, as a most satisfactory exposition of the principles and practice of modern medicine. If requested to signalize its better portions, we might be tempted to name the diseases of the respiratory and circulatory organs, the descriptions of which are most careful and accurate, and would serve as models of conciseness and completeness. At the same time, a similar commendation on the account of the brain and nervous system generally is equally deserved. The same remark is applicable to other parts, so that, as a whole, we can confidently recommend this volume to both students and practitioners. The former may make it their text-book, and the more familiar they are with it, the more easily will they pass their examinations. The latter should, first of all, peruse it to refresh their memories, or to bring them *au courant* with the most advanced state of knowledge, and then place it on a handy shelf, that they may use it constantly as a book of reference on the many points that continually turn up in the daily routine of practice.—*Dublin Med. Press and Circular*, July 17, 1867.

Dr. Flint, who has been known in this country for many years, both as an author and teacher, who has discovered truth, and pointed it out clearly and distinctly to others, investigated the symptoms and natural history of disease and recorded its language and facts, and devoted a life of incessant study and thought to the doubtful or obscure in his profession, has at length, in his ripe scholarship, given this work to the profession as a crowning gift. If we have spoken highly of its value to the profession and world; if we have said, all considered, it is the very best work upon medical practice in any language; if we have spoken of its excellences in detail, and given points of special value, we have yet failed to express in any degree our present estimate of its value as a guide in the practice of medicine. It does not contain too much or too little; it is not positive where doubt should be expressed, or hesitate where truth is known. It is philosophical and speculative where philosophy and speculation are all that can at present be obtained, but nothing is admitted to the elevation of established truth, without the most thorough investigation. It is truly remarkable with what even hand this work has been written, and how it all shows the most careful thought and untiring study. We conclude that, though it may yet be susceptible of improvement, it still constitutes the very best which human knowledge can at present produce. "When knowledge is increased," the work will doubtless be again revised and enlarged; meanwhile we shall accept it as the rule of practice.—*Buffalo Med. and Surg. Journal*, Feb. 1867.

The appearance of the second edition of this valuable work within so short a period after the first, does not particularly astonish any one who knows the popularity of its author as a teacher and scholar. We expected this when the book first appeared, and are only too happy to so soon verify our prediction. The present edition has been much enlarged and thoroughly revised.—*New York Med. Record*, Jan. 1, 1867.

It is replete with a vast amount of information, and will amply repay the practitioner of medicine for its perusal by the interest and value of its contents.—*The Glasgow Med. Journal*, July, 1866.

This portly work is excellently adapted for the purpose it is designed to serve. Readers in England will especially notice, as indications of the excellency of the book, carefully written accounts of epidemic cerebro-spinal meningitis, and progressive locomotor ataxy (Duchenne's disease), affections which have not yet found a proper place in English systematic treatises.—*Ranking's Abstract*, July, 1866.

Dr. Flint's book is the only one on the practice of medicine that can benefit the young practitioner.—*Nashville Medical Journal*, August, 1866.

No American practitioner can afford to do without Flint's Practice.—*Pacific Med. and Surg. Journal*, Feb. 1867.

We are happy in being able once more to commend this work to the students and practitioners of medicine who seek for accurate information conveyed in language at once clear, precise, and expressive.—*Amer. Journ. Med. Sciences*, April, 1867.

We consider the book, in all its essentials, as the best adapted to the student of any of our numerous text-books on this subject.—*N. Y. Med. Jour.*, Jan. 1867.

In the plan of the work and the treatment of individual subjects there is a freshness and an originality which make it worthy of the study of practitioners as well as students. It is, indeed, an admirable book, and highly creditable to American medicine. For clearness and conciseness in style, for careful reasoning upon what is known, for lucid distinction between what we know and what we do not know, between what nature does in disease and what the physician can do and should, for richness in good clinical observation, for independence of statement and opinion on great points of practice, and for general sagacity and good judgment, the work is most meritorious. It is singularly rich in good qualities, and free from faults.—*London Lancet*, June 23, 1866.

We take pleasure in recommending to the profession this valuable and practical work on the practice of medicine, more particularly as we have had opportunities of appreciating from personal observation the author's pre-eminent merits as a clinical observer. This work is undoubtedly one of great merit, and we feel confident that it will have an extensive circulation.—*The New Orleans Med. and Surgical Journal*, Sept. 1866.

Upon a careful examination of this work, we have no hesitation in recommending it as one more nearly representing the existing state of the science and art of medicine, and more nearly reflecting the views of those who exemplify in their practice the present stage of a progressive pathology, than any other American book upon practical medicine. Upon the whole we would most earnestly recommend Dr. Flint's work to the profession as possessing claims to merit of the highest order.—*Atlanta Med. and Surg. Journ.*, Aug. 1866.

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